

11-21-05

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		Application No.	10/771,959																																																																																																																																																																																																																												
		Filing Date	February 4, 2004																																																																																																																																																																																																																												
		First Named Inventor	Peter Hampden Clifton																																																																																																																																																																																																																												
		Group Art Unit	2832																																																																																																																																																																																																																												
		Examiner Name	Karl D. Easthom																																																																																																																																																																																																																												
Atty. Docket Number		169.12-0610																																																																																																																																																																																																																													
Total Amount of Payment \$120.00																																																																																																																																																																																																																															
METHOD OF PAYMENT (Check One) 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed. 2. <input checked="" type="checkbox"/> Check Enclosed																																																																																																																																																																																																																															
FEES CALCULATION 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th rowspan="2">Appn. Type</th> <th>FILING FEE Fee/Small</th> <th>SEARCH FEES Fee/Small</th> <th>EXAM FEES Fee/Small</th> <th>FEES</th> </tr> <tr> <th>PD.</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300 / 150</td> <td>500 / 250</td> <td>200 / 100</td> <td>—</td> </tr> <tr> <td>Design</td> <td>200 / 100</td> <td>100 / 50</td> <td>130 / 65</td> <td>—</td> </tr> <tr> <td>Reissue</td> <td>300 / 150</td> <td>500 / 250</td> <td>600 / 300</td> <td>—</td> </tr> <tr> <td>Provisional</td> <td>200 / 100</td> <td>-0- / -0-</td> <td>-0- / -0-</td> <td>—</td> </tr> <tr> <td></td> <td colspan="4">Subtotal (1) \$00.00</td> </tr> </tbody> </table> 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Fee Paid Below</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>*</td> <td>*</td> <td>*</td> </tr> <tr> <td>Indep.</td> <td>*</td> <td>*</td> <td>*</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td>*</td> <td>*</td> </tr> </tbody> </table> <p>**Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent Claim</td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>Reissue Independent Claims Over Original Patent</td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> 3. APPLICATION SIZE FEE <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 small) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s). <u>\$00.00</u></p>				Appn. Type	FILING FEE Fee/Small	SEARCH FEES Fee/Small	EXAM FEES Fee/Small	FEES	PD.				Utility	300 / 150	500 / 250	200 / 100	—	Design	200 / 100	100 / 50	130 / 65	—	Reissue	300 / 150	500 / 250	600 / 300	—	Provisional	200 / 100	-0- / -0-	-0- / -0-	—		Subtotal (1) \$00.00				Number Claims	Prior**	Extra	Fee from Fee Paid Below	Total	*	*	*	Indep.	*	*	*	Multiple Dependent Claims		*	*	Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Description	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple Dependent Claim	1204	200	2204	100	Reissue Independent Claims Over Original Patent	1205	50	2205	25	Reissue claims in excess of 20 and over original patent	FEES CALCULATION (Continued) 3. 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Signature David R. Fairbairn
 David R. Fairbairn
 Date 11/18/05

Reg. No. 26,047Deposit Account No. 11-0982



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor	:	Peter Hampden Clifton	
Appln. No.	:	10/771,959	
Filed	:	February 4, 2004	Group Art Unit: 2832
Title	:	TMR SENSOR WITH OXIDIZED ALLOY BARRIER LAYER AND METHOD FOR FORMING THE SAME	Examiner: Karl E. Easthom
Docket No.	:	I69.12-0610	

PETITION FOR ONE-MONTH EXTENSION OF TIME

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SENT VIA EXPRESS MAIL
Express Mail No.: EV 485712040 US

Pursuant to 37 C.F.R. 1.136(a), Applicant petitions for a One-month extension of time to respond to the Office Action dated July 22, 2005.

Respectfully submitted,

KINNEY & LANGE, P.A.

Date: 11/18/05

By: DRF

David R. Fairbairn, Reg. No. 26,047
THE KINNEY & LANGE BUILDING
312 South Third Street
Minneapolis, MN 55415-1002
Telephone: (612) 339-1863
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